

U.S. Bankruptcy Court
PO Box 548
Madison WI 53701-0548

FILED / RECEIVED

OCT 26 2010

UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF WISCONSIN

8:00 AM
CLERK
U.S. BANKRUPTCY COURT

In re: Deborah Lynn Myers
Timothy Lee Myers

Case No. 3-01-35940-rdm

PETITION TO CLAIM UNCLAIMED FUNDS
FROM U.S. TREASURY

Debtor(s)

I, the undersigned petitioner, under penalty of perjury under the laws of the United States of America, declare (or certify, verify or state) that the following statements and information are true and correct:

1. I am petitioning to receive the total amount of \$666.62 which is the sum of all monies deposited with the court by the case trustee on behalf of the creditor CitiCapital Commercial Corporation.

2. Please check and complete the applicable subparagraph below.

☐ A. I am the creditor named in paragraph #1.

☐ B. I am an employee of the creditor named in paragraph #1 and my title is . The creditor is still legally entitled to the monies and I am authorized by the creditor to file this petition.

☐ C. I am the lawful attorney-in-fact or the creditor named in paragraph #1 and I am duly authorized by the attached original power of attorney to file this petition. I am aware of all pertinent state law requirements regarding such powers of attorney. The following is the creditor's address and phone number, and a brief history of the creditor (from filing of the claim to present), which includes, if applicable, identification of any sale of the company and the new and prior owner(s):

☒ D. Subparagraphs A and B above do not apply, but I am entitled to payment of such monies because (state basis for your claim): copy of filed Proof of Claim dated February 2, 2002 attached, Agent of CitiCapital Commercial Corporation

3. I understand that, pursuant to 18 U.S.C. § 152, I may be fined not more than \$5,000, or imprisoned not more than five years, or both, if I have knowingly and fraudulently made any false statements in this document.

4. On October 25, 2010, a copy of this fully completed document was mailed to the U.S. Attorney, PO Box 1585, Madison WI 53701, per 28 U.S.C. § 2042.

Petitioner's Signature

Date

CitiCapital Commercial Corporation, Michael J. Lawton, Agent

Petitioner's Name (Type or Print)

Lathrop & Clark LLP, P.O. Box 1507, 740 Regent Street #400

Madison, Wisconsin 53701-1507

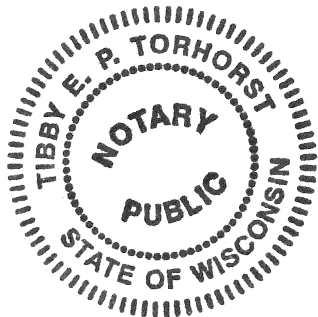
Petitioner's Address

STATE OF WISCONSIN
COUNTY OF DANE

On OCTOBER 25, 2010 before me personally appeared MICHAEL J. LAWTON
Date

The applicant who signed above is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL)



Notary Public

A handwritten signature in black ink, appearing to read "Tibby E. P. Torhorst", written over a horizontal line.

TIBBY E. P. TORHORST

My Commission expires on: MARCH 3, 2013

FORM B10 (Official Form 10) (4/01)

UNITED STATES BANKRUPTCY COURT WESTERN DISTRICT OF WISCONSIN		PROOF OF CLAIM
Name of Debtor: Deborah Lynn Myers & Timothy Lee Myers	Case Number: 01-35940-13 rdm	This space is for Court Use Only <div style="text-align: center; font-size: 1.2em;">FILED/REC'D</div> <div style="text-align: center;">02 FEB 20 PM 3:53</div> <div style="text-align: center; font-size: 0.8em;">CLERK, U.S. BANKRUPTCY COURT WD OF WI CASE NO. _____</div>
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property): CitiCapital Commercial Corporation	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input checked="" type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Name and address where notices should be sent: Michael J. Lawton, c/o Lathrop & Clark P.O. Box 1507, Madison, WI 53701 Telephone number: 608-257-7766	Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim, dated: _____ <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS#: _____ Unpaid compensation for services performed from _____ to _____ <div style="text-align: center;">(Date) (Date)</div>	
Account or other number by which creditor identifies debtor: 136 1391, 1349574	1. Basis for Claim <input type="checkbox"/> Goods Sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____	
2. Date debt was incurred: 7/12/99 & 4/1/98	3. If court judgment, date obtained: _____	
4. Total Amount of Claim at Time Case Filed: \$ 138,040.69 If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
5. Secured Claim. <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input checked="" type="checkbox"/> Motor Vehicle <div style="margin-left: 40px;">1998 Kenworth</div> <input type="checkbox"/> Other 1999 International Value of Collateral: \$ 79,000.00 Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ 11,143.59	6. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, Salaries, or commissions (up to \$4,650),*earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$2,100* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). *Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		
8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.		
9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		
Date 2/20/02	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <div style="text-align: center;">Michael J. Lawton, Attorney of Agent</div>	
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.		

cc: WILLIAM A. CHATTERTON